



DEPARTMENT OF THE NAVY

NAVAL AMPHIBIOUS BASE LITTLE CREEK
2600 TARAWA COURT SUITE 100
NORFOLK, VIRGINIA 23521-3297

IN REPLY REFER TO:

NAVPHIBASELCREEKINST 11240.9A

N01MWR

81 JAN 2008

NAVPHIBASELCREEK INSTRUCTION 11240.9A

Subj: OPERATION AND MAINTENANCE OF MORALE, WELFARE, AND
RECREATION VEHICLES

Encl: (1) Operator's Inspection Guide and Trouble Report
(NAVFAC 9-11240/13 (12-69))
(2) Operator's Report of Motor Vehicle Accident
(Standard Form 91)

1. Purpose. To promulgate guidelines for the operation and maintenance of Morale, Welfare, and Recreation (MWR) vehicles.

2. Discussion. MWR vehicles are purchased and maintained from nonappropriated funds. Vehicles are to be used only in the administration and logistic support of MWR functions and recreation programs authorized for participants of the Naval Amphibious Base Little Creek (NAVPHIBASE LCREEK) Recreation Fund by the Commanding Officer, NAVPHIBASE LCREEK. The MWR On-Site Director is assigned the responsibility of ensuring that these vehicles are properly maintained and used in accordance with the existing directives and policies.

3. Operation. The MWR On-Site Management Chief shall be responsible for the dispatching of all MWR vehicles.

a. The MWR On-Site Dispatcher shall:

(1) Ensure that MWR vehicles are not operated without his/her permission.

(2) Ensure that drivers of MWR vehicles have a valid driver's license covering the type of vehicle to be driven before they are permitted to operate such vehicle.

(3) Establish a preventative maintenance schedule for all MWR vehicles and ensure compliance.

(4) Ensure that vehicles are used only for authorized purposes and in accordance with local laws and traffic regulations.

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(5) Consolidate trips when possible to avoid inefficient duplication and unnecessary operation of vehicles.

b. Drivers of MWR vehicles will be responsible for compliance with the following:

(1) Before starting vehicle, visually inspect tires and general condition of the vehicle. All occupants shall fasten their seat belts. While driving, frequent observation of panel instruments will be made to ensure that conditions are normal. Always start cautiously and drive slowly until satisfied that the vehicle is in good working condition.

(2) The operator/activity with primary responsibility for the vehicle will make weekly checks utilizing enclosure (1).

(3) Drive with care and courtesy at all times. Observe all traffic regulations and local laws. Do not permit passengers to distract you while you are driving a vehicle.

(4) Carry out instructions of the dispatcher. Do not make any unauthorized trips or use vehicles for any unauthorized purpose.

(5) All accidents and vehicle damages, regardless of severity, are to be reported immediately to the NAVPHIBASE LCREEK Security Officer and the MWR Storefront Director. Personnel involved in accidents while operating government owned vehicles will comply with prescribed directives, local regulations, and civil laws of respective localities. The driver must deliver a completed Standard Form 91 (enclosure (2)) within 24 hours to the MWR Storefront Office, building 3624, telephone 462-8186.

4. Maintenance. The MWR On-Site Management Chief will publish vehicle maintenance schedules that will be adhered to for the effective maintenance and inspection of all MWR vehicles. Vehicles requiring repair will be promptly reported to the MWR On-Site Management Chief who will authorize repairs.

5. Availability. Operation of MWR vehicles will, at all times, be under the supervision of the assigned activity supervisor who will provide fully qualified drivers for authorized trips and

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ensure that adequate arrangements are made for compliance with safety requirements and the proper conduct of personnel riding in MWR vehicles. MWR vehicles, to the extent available, may be used for the following purposes:

- a. To support scheduled athletic events sponsored by NAVPHIBASE LCREEK's MWR On-Site Office.
- b. To transport athletic teams composed of military personnel who officially represent a NAVPHIBASE LCREEK activity.
- c. To move personnel to include entertainers and guests, supplies, and equipment essential to NAVPHIBASE LCREEK MWR programs and special events.

6. Action. The MWR On-Site Management Chief will control and supervise the operation of all vehicles assigned to the MWR On-Site Office and ensure compliance with applicable instructions. He/she will also maintain complete and adequate insurance coverage for all MWR vehicles, the driver, and all personnel embarked as passengers in these vehicles.



G. E. COOPER

Distribution:

NAVPHIBASELCREEKINST 5216.2Q

List I - Case A

List II

List III

MWR (50 copies)

Stocked by:

Commanding Officer

Naval Amphibious Base Little Creek

2600 Tarawa Court Suite 100

Norfolk, VA 23521-3927

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OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT

OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT	
REGISTRATION NO.	ODOMETER READING
Use this form as a guide when performing before and after operation inspections. Check (✓) items that require servicing by maintenance personnel.	
	1. DAMAGE (Exterior/Interior/Missing Components)
	2. LEAKS (Oil, Gas, Water)
	3. TIRES (Check inflation, abnormal wear)
	4. FUEL, OIL, WATER SUPPLY (Antifreeze in season)
	5. BATTERY (Check water level, cables, etc.)
	6. HORN
	7. LIGHTS/REFLECTORS/MIRRORS/TURN SIGNALS
	8. INSTRUMENTS (Oil, Air, Temperature, etc.)
	9. WINDSHIELD WIPER
	10. CLEAN WINDSHIELD/VEHICLE INTERIOR
	11. CARGO, MOUNTED EQUIPMENT
	12. STEERING
	13. SAFETY DEVICES (Seat belts, flares, etc.)
	14. DRIVE BELTS/PULLEYS
	15. BRAKES (Drain air tank when equipped)
	16. OTHER (Specify in "Remarks")
DATE	OPERATOR'S SIGNATURE
REMARKS	

NAVPAC 9-11240/13 (12-69)
 Supersedes DD Form 1358
 S/N 0105-LF-004-11

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**MOTOR VEHICLE
ACCIDENT REPORT**Please read the
Privacy Act State-
ment on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

SECTION I - FEDERAL VEHICLE DATA

1. DRIVER'S NAME (Last, first, middle)				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS						4b. WORK TELEPHONE NUMBER ()	
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. DESCRIBE VEHICLE DAMAGE							

SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle)				13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS			
14a. DRIVER'S WORK ADDRESS						14b. WORK TELEPHONE NUMBER ()	
15a. DRIVER'S HOME ADDRESS						15b. HOME TELEPHONE NUMBER ()	
16. DESCRIBE VEHICLE DAMAGE						17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE		20. MODEL OF VEHICLE		21. TAG NUMBER AND STATE		
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS						22b. POLICY NUMBER	
						22c. TELEPHONE NUMBER ()	
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)				24b. TELEPHONE NUMBER ()	
25. OWNER'S ADDRESS(ES)							

SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)						27. SEX	28. DATE OF BIRTH
29. ADDRESS							
A 30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		32. LOCATION IN VEHICLE		33. FIRST AID GIVEN BY	
34. TRANSPORTED BY		35. TRANSPORTED TO					
36. NAME (Last, first, middle)						37. SEX	38. DATE OF BIRTH
39. ADDRESS							
B 40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		42. LOCATION IN VEHICLE		43. FIRST AID GIVEN BY	
44. TRANSPORTED BY		45. TRANSPORTED TO					
a. NAME OF STREET OR HIGHWAY				b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO			
46. Pedestrian c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)							

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SECTION IV - ACCIDENT TIME AND LOCATION (Use Section VIII if additional space is needed.)

47. DATE OF ACCIDENT 48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description).

49. TIME OF ACCIDENT
AM
PM

50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

Example:

1 2

b. Use solid line to show path before accident and broken line after the accident

2

2

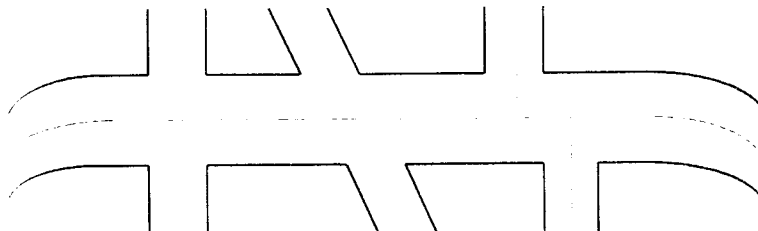
c. Show pedestrian by

○

d. Show railroad by

+++++

e. Place arrow in this circle to indicate NORTH



51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

53. NAME (Last, first, middle)

54. WORK TELEPHONE NUMBER

55. HOME TELEPHONE NUMBER

()

()

A

56. BUSINESS ADDRESS

57. HOME ADDRESS

58. NAME (Last, first, middle)

59. WORK TELEPHONE NUMBER

60. HOME TELEPHONE NUMBER

()

()

B

61. BUSINESS ADDRESS

62. HOME ADDRESS

SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER

63b. OFFICE TELEPHONE NUMBER

63c. HOME TELEPHONE NUMBER

()

()

63d. BUSINESS ADDRESS

63e. HOME ADDRESS

64a. NAME OF INSURANCE COMPANY

64b. TELEPHONE NUMBER

64c. POLICY NUMBER

()

65. ITEM DAMAGED

66. LOCATION OF DAMAGED ITEM

67. ESTIMATED COST
\$**SECTION VII - POLICE INFORMATION**

68a. NAME OF POLICE OFFICER

68b. BADGE NUMBER

68c. TELEPHONE NUMBER

()

69. PRECINCT OR HEADQUARTERS

70a. PERSON CHARGED WITH ACCIDENT

70b. VIOLATION(S)

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SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input type="checkbox"/> IN WRITING (Explain)			78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain)			80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED. <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
81. COMPLETED BY DRIVER'S SUPERVISOR					
a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY <input type="checkbox"/> YES <input type="checkbox"/> NO					
b. COMMENTS					

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

()

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SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)

84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

87. ACCIDENT INVESTIGATOR	88. ACCIDENT REVIEWING OFFICIAL
a. SIGNATURE AND DATE	a. SIGNATURE AND DATE
b. NAME (First, middle, last)	b. NAME (First, middle, last)
c. TITLE	c. TITLE
d. OFFICE	d. OFFICE
e. OFFICE TELEPHONE NUMBER ()	e. OFFICE TELEPHONE NUMBER ()